

Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

Section 1

Information About You

important information about benefits, payees should keep CaPERS informed of any address changes. Address	A separate form must be completed for each type of	You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive		
Name (First Name, Middle Initial, Last Name) Secial Security Number	retirement benefit to be sent by Direct Deposit.	important information about benefits, payees should keep CalPERS informed of any address changes.		
Section 2 Information About Your Account				
Information About Your Account If you are authorizing your payment to your savings account of not have pre-printed, personalized checks, please have your financial institution complete this section. * Trust Accounts You will need to complete a CaDERS Trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form, which can be obtained by contacting CaIPERS. * Trust Accounts You will need to complete a CaDERS trust form the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above. * Section 3 ** Information About Joint Account Holder (If applicable) ** Address* ** City State 2IP ** Section 4 ** Signature or Representative Shame ** Don'th Repre		Name (First Name, Middle Initial, Last Name)		Social Security Number
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